



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E395034**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	15-00177	
LOCAL AGENCY CODING	0664	
TOTAL # OF UNITS	02	OBJECT STRUCK

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	01	-	19	-	2015			1813	31		
										N	E
										S	W
										IN	OF
											0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

SR 204 BLOCK NO. MILE POST

DISTANCE MILES FEET OF (REFERENCE OR CROSS STREET) **LUNDEEN PK WY**

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253149914
---------	---	--------------------------------------	--	---------------------

LAST NAME	HENDERSHOT	FIRST NAME	DONALD	MIDDLE INITIAL	B
-----------	------------	------------	--------	----------------	---

STREET NEW ADDRESS 2802 OLD HARTFORD RD

CITY	LAKE STEVENS	ST	WA	ZIP	982589760
------	--------------	----	----	-----	-----------

CDL	RESTRICTIONS	B	ENDORSEMENTS	
-----	--------------	---	--------------	--

DRIVER'S LICENSE #	HENDEDB492R9	STATE	WA	SEX	M	D.O.B.	12	29	1951
--------------------	--------------	-------	----	-----	---	--------	----	----	------

ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
---------	--------------------------	--------	--------	---	--------	---	-------	---	------------	--------------	---	--------------------

LICENSE PLATE #	DP16150	STATE	WA	VIN#	2GCEK19J671631187
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	2007	MAKE	CHEV	MODEL	C1PU	STYLE	4C	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	------	-------	----	---	----------	---

REGISTERED OWNER INFO. **LIABILITY INSURANCE IN EFFECT** ☒ **INSURANCE CO & POLICY #** ALLSTATE 917123017 05/01

VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
--------------------------	--	------------	--------

UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252380069
---------	---	--------------------------------------	-------------------------------------	---	--	---------------------

LAST NAME	GEHRKE	FIRST NAME	MARISSA	MIDDLE INITIAL	L
-----------	--------	------------	---------	----------------	---

STREET NEW ADDRESS 11819 34TH ST NE

CITY	LAKE STEVENS	ST	WA	ZIP	982587001
------	--------------	----	----	-----	-----------

CDL	RESTRICTIONS	ENDORSEMENTS	
-----	--------------	--------------	--

DRIVER'S LICENSE #	GEHRKML069JK	STATE	WA	SEX	F	D.O.B.	04	12	1994
--------------------	--------------	-------	----	-----	---	--------	----	----	------

ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	7	NATURE OF INJURIES
---------	--------------------------	--------	--------	---	--------	---	-------	---	------------	--------------	---	--------------------

LICENSE PLATE #	AIV1409	STATE	WA	VIN#	1HGEJ6221VL041992
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	1997	MAKE	HOND	MODEL	CIVCP	STYLE	CP	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	-------	-------	----	---	----------	---

REGISTERED OWNER INFO. **JENELL GEHRKE 11819 34TH ST NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 145-1933-E01-47C
VEHICLE LEGALLY STANDING	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE

OFFICER'S NAME (PRINT)	J. KILROY #0132	BADGE OR ID #	#0132	AGENCY	WA0311900
------------------------	-----------------	---------------	-------	--------	-----------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E395034

CASE #

15-00177

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

CLARK MICHAEL

ADDRESS & PHONE #

4258700120

SEX

M

D.O.B.
MMDDYYYY

02

17

1960

PASSENGER ☐

WITNESS ☒

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Unit 1 was traveling westbound on SR 204 approaching the intersection at Lundeen Parkway where there was a red light. Unit 2 was stopped on SR 204 pointed west at a red light that controlled the intersection at Lundeen Parkway. Unit 1 did not stop in time and struck Unit 2.

Both Unit's were driven from the scene and no medical was needed. A witness stated that he saw Unit 2 stopped at the red light and Unit 1 hit Unit 2. Photos were taken of both Unit's at the scene.

Unit 1 was at fault due to inattention and being distracted from something inside his vehicle.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

01-20-15 12:38 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

1/25/2015 9:31:38 PM

BADGE OR ID #

#0132

ORI #

WA0311900

TIME POLICE DISPATCHED

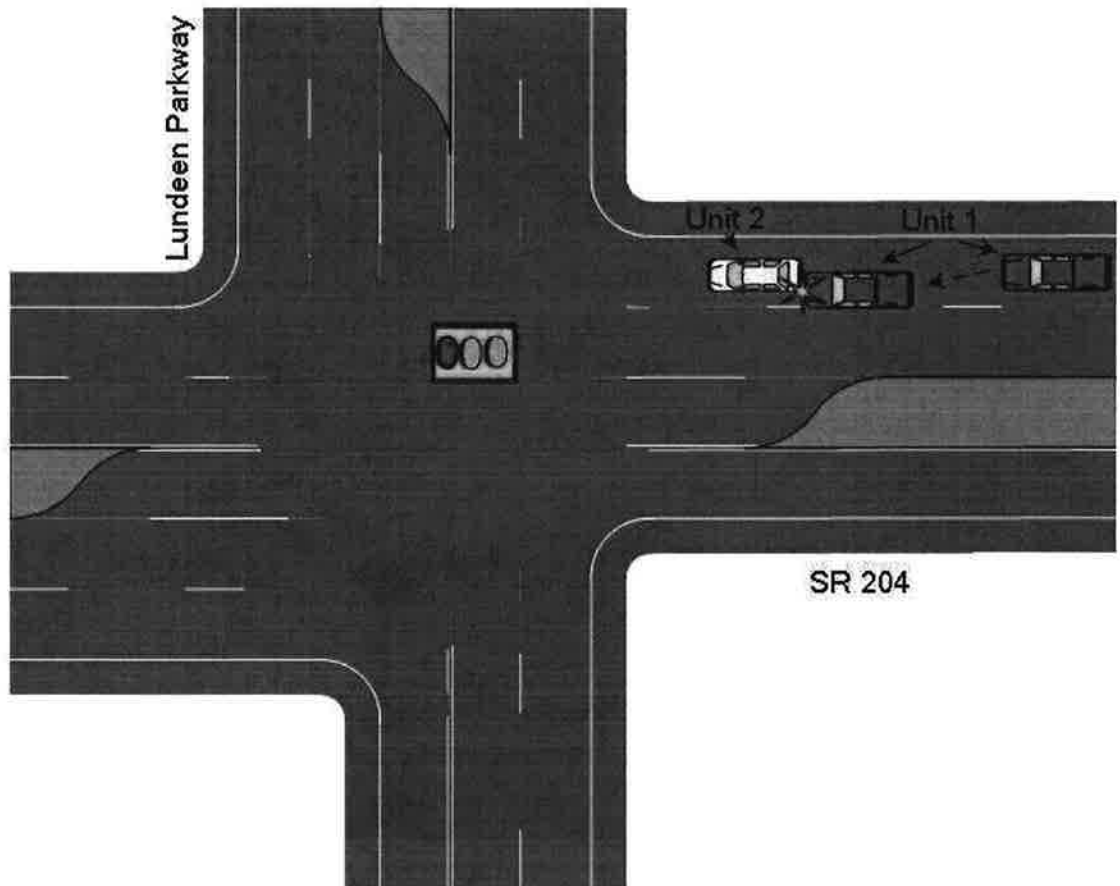
6:13 PM

TIME POLICE ARRIVED

6:20 PM



Not To Scale



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00177

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Hendershot Donald B	RACE W	ETH W	SEX M	DOB 12-29-51	AGE 63	HGT 6	WGT 180	HAIR B	EYES B
STREET ADDRESS 2802 Old Hartford Rd		CITY LK Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE		CELL PHONE 425-238 0069		PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS								

I, Donald B. Hendershot, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

coming up on the 2 cars at red light
slowed to stop took eyes off road to get something
foot came off brake and hit car in front

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>[Signature]</u>	DATE SIGNED	LOCATION SIGNED
OFFICER/NUMBER: SKILROY 132	DATE SIGNED 11/9/15	LOCATION SIGNED LAKE STEVENS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

7 OFFICE
LAKE STEVENS

7

[illegible]

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATU

DATE SIGNED 11/9/15

LOCATION SIGNED















LAKE STEVENS POLICE EVIDENCE UNIT				Primary Officer/Badge Number <i>SKILLROY 1122</i>				Case Number <i>15-00177</i>			
Type of Crime: Felony / Misdemeanor (Circle)				Type of Case: <i>COLLISION</i>				Date/Time: <i>1/19/15</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING				*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification							

Case # 15-00177

Item # <i>3</i>	Item <i>CD w/ Photos</i>	Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #						Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions							

Item #	Item	Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #						Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions							

Item #	Item	Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #						Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions							

Item #	Item	Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #						Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions							

Item #	Item	Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #						Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions							

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Incident History for: #SS15001146 Xref: #AG15000196

Case Numbers: \$SS15000177

Entered 01/19/15 18:13:38 BY SPDF24 SP0137
Dispatched 01/19/15 18:13:55 BY SPSC40 SP0326
Enroute 01/19/15 18:13:55
Onscene 01/19/15 18:20:52
Closed 01/19/15 18:42:35

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377D-7 Group: SS1 Beat: WEST

Src: T

Loc: LUNDEEN PARK WY/SR 204 , LKS (V)

Loc Info:

Name: BERRETT, CHRISTIE

Addr:

Phone: 4252383530

/1813 (SP0137) ENTRY , INJ ACCIDENT, MINOR INJ. 3 CARS
/1813 (SP0326) DISPER 19N3 #SS132 KILROY, OFFICER (JOSH)
/1814 (SP0137) SUPP NAM: BERRETT, CHRISTIE,
PHO: 4252383530,
TXT: SIL HONDA PILOT, VS WHI HONDA ACCORD, SIL P
U PARTIALLY BLKING ON SR 204 S B SIDE
/1814 (SP0326) ASSTER 19S13 [LUNDEEN PARK WY/SR 204 , LKS]
#SS95 MINER, SGT (ROBERT)
/1817 (SP0394) SUPP TXT: TROOPER ONSC RPTG NON-INJ 3RD VEH A WITNESS
/1820 (SP0224) ONSCNE 19N3
/1820 ONSCNE 19S13
/1822 MISC 19S13 , NONINJ
/1825 SUPP TXT: PD ADVING NONINJ AID CAN CXL
/1827 (*****) REMINQ 19N3 AIV1409
/1827 (SP0224) REMINQ 19N3 LIC, 19N3, AIV1409, , ,
/1828 (*****) REMINQ 19N3 DP16150
/1828 (SP0224) REMINQ 19N3 LIC, 19N3, DP16150, , ,
/1829 ASNCAS 19N3 \$SS15000177
/1842 \$PREMPT 19S13
/1842 CLEAR 19N3 D/H
/1842 CLOSE 19N3